



IFW

Application of:

Docket No. 00684.003582

Toru OGUMA, et al.

Application No.: 10/748,330

Examiner: Ryan M. Gleitz

Filed: December 31, 2003

Group Art Unit: Unassigned

For: PROCESS CARTRIDGE AND
ELECTROPHOTOGRAPHIC IMAGE
FORMING APPARATUS

Date: August 8, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

Repln. Ref: 08/10/2005 MBEYENE1 0018592500
DAH:061205 Name/Number:10748330
FC: 9204 \$1100.00 CR

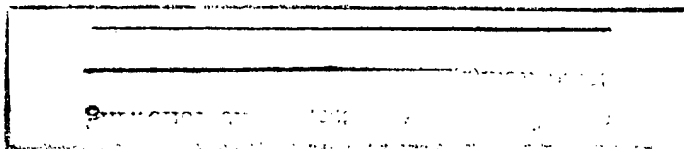
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 51	MINUS	** 44	= 7	x \$25 \$50	\$ 350.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 350.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

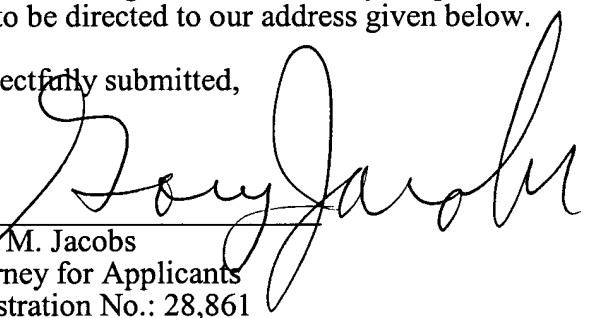
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.



The PTC did not receive the following
listed item(s) Check for \$350.00
BUT \$1450.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 350.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Gary M. Jacobs
Attorney for Applicants
Registration No.: 28,861

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
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DC_MAIN 211742v1



00684.003582

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Ryan M. Gleitz
Toru OGUMA, et al.)	
	:	Group Art Unit: Unassigned
Application No.: 10/748,330)	
	:	
Filed: December 31, 2003)	
	:	
For: PROCESS CARTRIDGE AND)	August 8, 2005
ELECTROPHOTOGRAPHIC	:	
IMAGE FORMING APPARATUS)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Preliminary Amendment

Sir:

Prior to examination, please amend the application as follows:

08/10/2005 MBEYENE1 00000047 10748330

01 FC:1202

350.00 DP